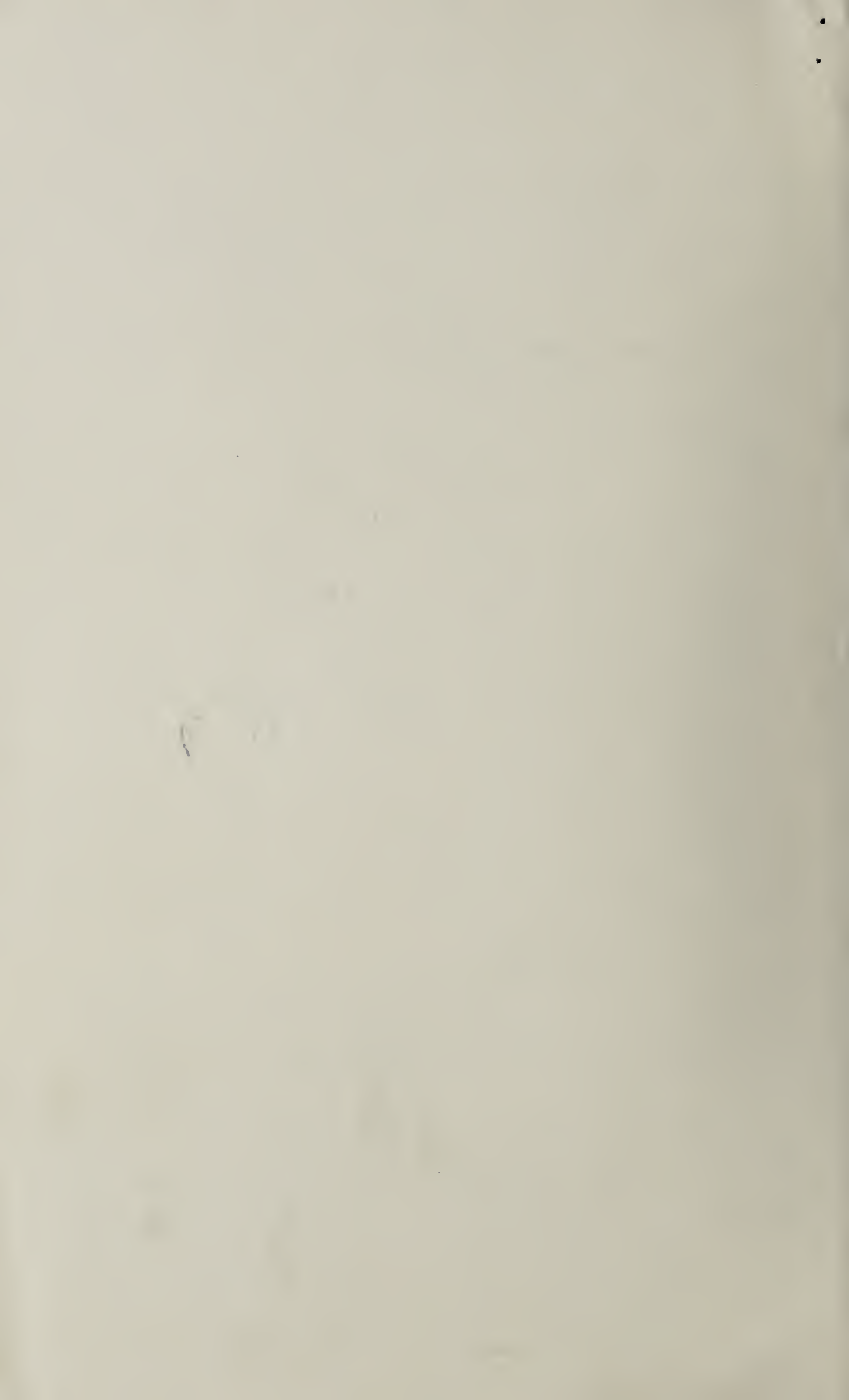


LOOE URBAN DISTRICT COUNCIL

THE
ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1960

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To the Chairman and Members of the Looe Urban District Council.

Mr. Chairman, Mrs. Couch & Gentlemen,

The various vital statistics for the year 1960 show that in the No. 7 Health Area, and amongst the six District Councils which constitute it, there is nothing to call for special comment. The changes in the estimated population have been insignificant amounting to no more than a decrease of 60 in the Health Area figure which brought it to 50,670. It will be interesting to see the results of the 1961 census, where the methods of ascertaining population are obviously more accurate, and more to be relied upon than the estimates used in the inter-censal years.

In an area where some 60% of the population live in rural districts and where industry on any appreciable scale is conspicuous by its absence one expects some drift away of the younger sections of the community. A consequence of this is some reduction in the proportion of young married couples in the population with an inevitable fall in the live birth rate. This disparity between the local and national rate which has been occurring for some years was again in evidence in 1960 - the corrected rate being 14.6 per 1,000 of population in No. 7 Health Area as against a national rate of 17.1 per 1,000.

The corrected death rate of 11.7 per 1,000 of population was only fractionally above that of England and Wales where a rate of 11.5 per 1,000 was returned. As in previous years by far the most common cause of death was some form of heart disease, which accounted for 43 per cent of the deaths which took place. Second in order of prevalence, but a good way behind heart disease, was cancer which was responsible for 18 per cent of the total. Of the defined forms of cancer that affecting the lung and windpipe was the most prevalent form, with the rate for S.E. Cornwall closely approaching but not equalling that for the country as a whole. The usual marked disparity between male and female deaths from this cause was evident with 20 males as against 2 females only dying from this form of cancer. Whilst the majority of informed opinion on possible causes for the increased incidence of this form of cancer still views moderate or heavy consumption of cigarettes over a long period as the most likely cause, there is a good deal of support for the belief that atmospheric pollution by domestic and industrial smoke and by fumes from the internal combustion engine may be an important causal factor to be taken into account. If this is so it is difficult to understand why men are so much more attacked by this form of cancer when it would seem that both sexes are equally exposed to general atmospheric pollution. I think it would be generally agreed that in this part of the country the degree of atmospheric pollution is far less than in areas which are densely populated and have manufacturing industries, and yet in this area the death rate from lung cancer is only very slightly below the figure for England and Wales which includes some very heavily polluted areas. I do not wish to discredit the line of thought which seeks to incriminate atmospheric pollution as a possible major cause of this form of cancer, but the apparent anomalies which I have cited do suggest that the problem will prove much less easy of solution than it appeared at first sight.

The average age at the time of death - 69 years for males, and 73 years for females - was very close to the national figures for expectation of life appearing in the most recent official life table. Of those who died during 1960 the proportion who at the time of death had reached or exceeded 75 years of age was 48%. Rates for still births, and for deaths of infants under one year of age (infant mortality rate) were below the national rates. There were no maternal deaths during the year.

The incidence of notifiable disease was not heavy during 1960 when a total of 274 cases were notified in the Health Area. The most prevalent diseases were measles, whooping cough, and scarlet fever in that order. Of the more serious notifiable diseases there were 3 cases of poliomyelitis, and 2 of meningitis. Of the 3 cases of poliomyelitis one caused some paralysis in a 12 month old child who had received only two injections of poliomyelitis vaccine and was therefore not fully protected. The other two were of the non-paralytic variety and affected adults neither of whom had been immunised. There were no deaths from these or any other notifiable disease during the year.

In recent months outbreaks of diphtheria and of poliomyelitis in different parts of the country have given cause for considerable concern. The great majority of children and adults affected had not been protected by immunisation against these diseases. As far as diphtheria is concerned the necessary protective inoculations have been available for the past 20 years, and it cannot be said that parents may not be aware of this fact or of the benefit they afford by preventing diphtheria. In spite of this it has been the sad experience that there is a general falling off in interest amongst parents, and in many parts of the country the proportion of children who are protected has sunk to below 50%, with a consequently increased risk of serious outbreaks of diphtheria. As far as I can ascertain from the records which are available to me the position in this part of Cornwall is much better where it is estimated that of children born between 1949 and 1959 inclusive and still residing in the Health Area, some 72% are protected against diphtheria, and 76% have had three injections of poliomyelitis vaccine. Whilst these figures may help to allay any fears we may have about serious outbreaks of these two diseases, they should not be regarded in any way as being really satisfactory. To achieve real peace of mind on this matter we should be aiming at a figure of 90% or above, and the closer to 100% the greater will be the assurance that these diseases will not gain any foothold in the community.

Whilst on this subject of immunisation I feel that I should comment on the relatively poor response to poliomyelitis vaccination amongst adolescents and adults up to the age of 40 years. Although poliomyelitis is primarily a disease affecting children, it can and does affect adults. It is more than likely that when children have acquired immunity through vaccination the main attack of the disease will shift to the adolescent and younger adult population who lack this immunity and have taken no steps to have themselves immunised. Moreover the experience so far with poliomyelitis in the adult is that it tends to be more severe than in the child with marked paralysis which may be fatal. The Salk type vaccine at present in use gives very good protection against poliomyelitis, and the actual injection is remarkably free from pain or any unpleasant after-effects. I hope that more people in the 15 - 40 year age group who have not yet had this protection will avail themselves of it as soon as possible by arrangement with the family doctor.

As far as tuberculosis was concerned the year 1960 was not a particularly good one in No. 7 Health Area. It is true that the total number of cases notified showed a small reduction on the 1959 figure - 33 cases as against 39 cases in 1959 - but there was a small increase in the number of respiratory infections in 1960. It is not difficult to remember when the main impact of tuberculous infection was on the young adult, and it was in this age group that one also saw the tragic toll of life taken by this disease. With the advent in the late 1940's of powerful anti-tuberculosis drugs the lethal propensities of this disease were dramatically checked to such an extent that it is now uncommon for tuberculosis to figure as a primary cause of death. The new drugs have also rendered the treatment of tuberculosis so much more effective that prolonged hospitalisation of cases is no longer required. This has had the wholly desirable effect of making beds for the admission and treatment of newly discovered cases readily available in chest hospitals so that the dangerous and frustrating delays which were the rule before 1950 no longer exist. At the same time as the position of the young adult vis-a-vis tuberculosis was being improved a change in the pattern of incidence of the disease became noticeable, and we began to see a shift in incidence from the young adult to those in the age group above 45 years. This trend for which I can adduce no very convincing explanation continued during 1960 when just over half of the newly notified cases were aged 45 or over when the disease was discovered. If the reasons for the greater liability for persons in or over middle age to contract tuberculosis are not clear, the conclusions to be drawn are more obvious. At the risk of appearing repetitious may I again appeal to all those in the upper age groups not to take any persistent chest complaint too lightly, or to dismiss it as being "only bronchitis" or "a smokers cough", but to seek medical advice. Unrecognized and untreated disease is almost always a tragedy for the sufferer, but in the case of tuberculosis relatives and friends may well be involved in the tragic consequences.

In an area where the business of accommodating and catering for the tourist and holidaymaker is something of a major industry, the need for high standards in the handling and preparation of food should be obvious and more particularly to those who own or manage hotels, boarding houses, and catering establishments. Officers of public health departments are able and willing to advise on equipment and practices which if used correctly and conscientiously will generally ensure that the consumer is provided with food which is clean and free from the risk of causing food poisoning. In the final analysis the practice of hygienic methods in dealing with food and the proper use of equipment rests with the individual employee, and this is where the seasonal nature of

the catering industry in Cornwall raises considerable difficulties through the need to take on at the beginning of each summer season considerable numbers of semi-skilled or unskilled workers. In the last category lack of skill is not infrequently allied with an irresponsible outlook and a low level of intelligence which makes it difficult to get such people to appreciate the need for good standards of hygiene in dealing with food. Another factor which makes for difficulties is the use of premises which are too small or are in other ways unsuitable for the carrying on of a catering business. In such a situation the understandable tendency is to devote the lion's share of the limited space available to seating the maximum possible number of customers with the inevitable and unsatisfactory result that the space for the storage and preparation of food, and for the washing of crockery, cutlery, and cooking utensils, and the storage of garbage and kitchen waste may fall well below the irreducible minimum required for the observance of good hygienic standards in dealing with food. In spite of the various factors which I have outlined as being detrimental to the satisfactory operation of catering establishments, the fact that one case only of food poisoning was notified in the Health Area during 1960, and that no complaints from members of the general public were received indicates that a reasonable standard was achieved in hotels, cafes, and other catering establishments.

The Welfare of elderly people is one of the subjects which are a continuing cause of concern to workers in the health and social services. The main source of worry is without doubt the difficulty in the provision and staffing of suitable welfare accommodation to keep pace with the needs of the increasing numbers of old folk who require care and attention which cannot otherwise be provided for them. There is not only an increase in the expectation of life, and therefore an increase in the proportion of elderly people in the community, but there is also an increasing awareness amongst old persons that the stigma attaching to the old poor law relief and its attendant workhouse has no place in the modern welfare services. As a result of this most old people are very much more receptive to the suggestion that when physical and mental infirmity have overtaken them to the extent that they can no longer adequately care for themselves, they should enter an old folks home. This twofold pressure of numbers, and greater willingness to use the facilities provided has created a situation in which there is almost always a waiting list for places in old persons homes.

The solution to this problem of caring for the elderly is going to be neither easy nor inexpensive. Up to now most of the accommodation has been provided by adaptation of existing buildings e.g. hotels, large houses but the number of premises suitably located which can be altered and adapted at a reasonable cost is very limited and expansion in this type of welfare accommodation may call for new buildings designed and equipped specifically to meet the needs of old people. Under the present conditions where the building industry has more work than it can handle the cost of providing this accommodation is likely to be high and may well delay the expansion of this important and very necessary social service.

An appreciable number of old people live either alone or with a partner of comparable age so that when illness comes the problem of nursing and general care can present a most acute and difficult problem. In the great majority of cases the only satisfactory solution is the rapid removal of the sick person to suitable hospital accommodation. Even in the case of those living in old peoples homes the care and treatment of illness other than that of a trivial and short-lived nature is beyond the resources of the relatively small staff available in these homes. Unfortunately the number of hospital beds catering for elderly and chronic sick is seldom able to meet the demand, particularly in the winter months, and delay in securing a bed poses great problems for all who have to afford general and nursing care to an old person who in addition to being bedfast may suffer from some senile confusion and be incontinent. Add to these difficulties the lack of amenities for cooking, bathing, the washing of clothing and bedding, and primitive sanitary fittings, and it will be appreciated why adequate provision of hospital beds for old persons who fall ill is something which calls for urgent consideration. I do not believe that the position in this part of Cornwall is substantially worse than in many other parts of the country but this knowledge is of little comfort when one is confronted with the particular case of an old person, ill, helpless, living alone, and in desperate need of admission to hospital, being told that because of pressure on available beds the best that can be offered is a place on a waiting list.

I have written in previous reports of the comparative neglect by housing authorities of the particular needs of the elderly in the programme of rehousing. It therefore gives me great pleasure to refer to the very good work being done by all the District Councils in this Health Area in providing new houses designed and built specifically for occupation by old people. The majority of old persons who have moved into these dwellings appear to like them very much, and appreciate the added comfort and amenities provided.

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<https://archive.org/details/b29742092>

I feel in addition to making for a happier old age the provision of decent housing accommodation, especially where a warden service can be included, may do much to reduce the number of places which would otherwise have to be provided at much greater expense in welfare homes and establishments.

When I came to this part of the County of Cornwall some thirteen years ago the water supply arrangements over considerable areas were primitive and unsatisfactory, and depended on small local sources. Most of these were liable to pollution, and many of them produced inadequate supplies which after a spell of dry weather failed altogether. Now the position has improved out of all recognition, and generally adequate supplies of wholesome water are available in all but the most remote hamlets and dwelling houses. Apart from the added comfort and benefit to health which proper water supply and sewage disposal arrangements afford, these amenities open up better prospects for new housing development, and make the rehabilitation and reconditioning of older houses a worthwhile proposition for owners.

During the year most of the activity in the actual provision of sewerage and sewage disposal took place in the Liskeard Rural District, where schemes were in course of construction in Menheniot, Lanreath, Duloe, and Tredinnick. In the Borough of Liskeard further engineering investigations into the proposed sewage disposal scheme continued, but it is as yet impossible to foresee when work on this scheme might commence. Some steps were also taken in the Looe Urban District to examine possible ways of dealing with the very difficult and financially burdensome problem of providing satisfactory means of sewage disposal to replace the present unsatisfactory practice of discharging crude sewage into the river. In St. Germans Rural District, and in the Borough of Saltash schemes for better sewage disposal were also being examined during 1960.

I cannot close this preface without expressing my gratitude to the Members and the Officers of the six District Councils in the No. 7 Health Area who have given me their encouragement and support in carrying out my duties during the year 1960.

I have the honour to be,

Mr. Chairman, Mrs. Couch & Gentlemen,

Your obedient Servant,

P. J. FOX

Medical Officer of Health.

LOOE URBAN DISTRICT

HEALTH AND HIGHWAYS COMMITTEE

Councillor L.Pengelly Chairman

Councillor Brigadier J.A.L.Caunter, C.B.E., M.C., C.C. Vice-Chairman

HEALTH OFFICERS OF THE AUTHORITY

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Medical Officer of Health.

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The Guildhall,
East Looe,
Cornwall.

Public Health Inspector.

Telephone - Looe 2255

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LOOE URBAN DISTRICT

Area of Urban District	1,649.5 acres
Population (Registrar General's Estimate)	3,810
Number of Inhabited Houses	1,420
Rateable Value	£72,183
Product of Penny Rate	£296

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Vital Statistics for 1960

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	25	23	48

	<u>Looe U.D.</u>	<u>Health Area No:7</u>	<u>England & Wales</u>
Birth rate per 1,000 of population	14.5	14.6	17.1

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births	1	-	1

	<u>Looe U.D.</u>	<u>Health Area No:7</u>	<u>England & Wales</u>
Still birth rate per 1,000 total births	20.4	13.6	19.7

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	32	24	56

	<u>Looe U.D.</u>	<u>Health Area No:7</u>	<u>England & Wales</u>
Death rate per 1,000 of population	11.2	11.7	11.5

Principal Causes of Death at all Ages.

Heart disease	22
Cancer (all sites)	10
Vascular lesions of the nervous system ("stroke")	7
Respiratory disease	7
Circulatory disease	3

Average Age at Death

<u>Males</u>	<u>Females</u>
71	74

There was again a small excess of deaths over live births. No deaths of infants under one year of age were registered for the second consecutive year. The proportion of deaths due to cancer fell from the relatively high figure noted in my report for 1959.

Average age at death was above local and national figures and of those dying during 1960, exactly 50% had reached or exceeded the age of 75 years at the time of death.

Infectious Disease The amount of notifiable disease which occurred in the Urban District during the year was extremely small. Three cases only were notified - by far and away the lowest total noted since I became Medical Officer of Health in 1948.

The following are details of cases and case rates of infectious disease notified during 1960 :-

<u>Disease</u>	<u>Actual Numbers</u>	<u>Rate per 1,000 of population</u>	
		<u>Looe U.D.</u>	<u>Health Area No:7</u>
Pneumonia	2	0.52	0.45
Scarlet fever	1	0.26	0.91

Tuberculosis It is with pleasure that I report that during 1960 no cases of tuberculosis were notified in the Urban District and no deaths from this cause were registered. Since I became your Medical Officer of Health in 1948 this is the first occasion on which I have been able to present a completely clear slate as far as tuberculosis was concerned.

At the end of the year there were 18 known cases of respiratory tuberculosis and 5 known cases of non-respiratory tuberculosis residing in the Urban District.

National Assistance Act, 1948 No action under Section 47 of this Act was called for during 1960.

Water Supply The supply was adequate in quantity and of good quality throughout the year.

Sewerage and Sewage Disposal Further investigations into possible means of solving the problem of sewage disposal were undertaken during the year, but I regret to report that very little advance towards a solution was made. Once again visitors to the town complained of the obvious contamination of the foreshore and bathing beaches by crude sewage, and it is certain that such people will not when they return home be able to speak very convincingly to their neighbours and friends of the reputation of Looe as a holiday resort. I do not wish to labour this point since I know that the members of the council are well aware of, and are concerned about the present unsatisfactory state of affairs, but are also concerned about the very high cost of dealing with the problem. Up to the present this latter concern has taken precedence over the acknowledged need to take active steps to put an end to the pollution of the harbour and the adjacent beaches and there is as yet no indication that a sufficient number of holiday makers feel strongly enough about the matter to force the issue to its proper and logical conclusion.

Food Standards of food handling in the numerous hotels, guest houses, catering establishments and shops in the Urban District were reasonably well maintained during the year, although as Mr.Harvey reports a small minority needed constant supervision to ensure that a minimum standard was at least achieved.

There were no cases of food poisoning notified in the Urban District during 1960.

Factories Acts 1937 to 1959 No difficulty in the administration of these Acts was experienced during the year.

Report of the Public Health Inspector The report of the Public Health Inspector, Mr.J.E.Harvey, follows. I should like to place on record the help given me during 1960 by Mr.Harvey.

REPORT OF Mr. J. E. HARVEY
SURVEYOR & PUBLIC HEALTH INSPECTOR

HOUSING

No new houses have been built by the Council during the year.
No: 51, Woodlands View was converted into two flats.

Twenty garages in two blocks have been erected and the Council has authorised a further seven garages to be constructed.

During the year the usual maintenance and painting has been carried out.

Development has commenced on the Barbican Estate. Five houses have been completed and two others are in the course of construction.

The Council have considered layout plans for other fields in that area.

Total number of houses inspected	343
Drains inspected and tested...	...	35

SEWERAGE

The Council have, during the past year, been considering the most suitable method of sewage disposal. Two schemes have been considered; disposal by "long sea outfall" and disposal by "full treatment". In both cases the "fly in the ointment" has been the high cost, which has to be borne wholly by the ratepayers. The topography of Looe and the surrounding district is such that it will entail very considerable lengths of trunk sewer, whichever method is used.

The Council cannot afford to shelve this matter indefinitely as large scale building development is anticipated in the next year, which will only aggravate an already delicate position.

Numerous complaints have been received from visitors regarding the presence of sewage around the beaches and another factor to be borne in mind is the adverse publicity being given in the national press to seaside resorts where crude sewage deposits are to be found on the bathing beaches.

During the past year the "sea outfall" at Hannafore has been relaid and a 9" sewer to serve the Barbican Estate has been completed. It will, however, be necessary to enlarge the sewer at Shutta in view of the development taking place in that area.

REFUSE COLLECTION & DISPOSAL

Refuse is disposed of by means of incineration. I estimate that 4,500 tons was disposed of by this means during the year.

It has been found necessary to use two lorries on certain days during the summer season, the reason being the extra amount of "trade refuse" to be collected. The Council have power to charge for this and, in view of the increasing amount being collected, should give this serious consideration.

	£.
Cost of collection	1,594
Cost of Disposal	721
Running cost of vehicles	350
Running cost - Incinerator	<u>135</u>
	<u>2,780</u>

Mileage covered 4,600 miles

Refuse collected 4,500 tons

Cost per ton for collection and disposal

12/2d.

FOOD HYGIENE

A total of 959 inspections was made of food premises during the year and it was found that whilst the large majority of food handlers have maintained a good standard of cleanliness, there is still the hardcore who have to be continually watched and kept in line.

There have been no outbreaks of food poisoning in the district during the past year.

RODENT CONTROL

The Council's Rodent Operator has continued the regular inspection and treatment of premises. Block treatments have been carried out on premises in the Fore Street area.

All sewers have been "test" baited and the only ones with "takes" are those in the lower part of the town, where it is impossible to treat, due to tidal conditions.

WATER

The Council have acted as agents for the East Cornwall Water Board during the past year. A good supply was maintained during the whole year and it was not found necessary to turn the water off during the summer season.

Regular inspections and tests were carried out on the mains and despite all that has been said by certain persons in control, no serious loss of water has been discovered. It could well be that with the more expensive and delicate detectors some loss will be discovered, but I doubt very much that it will be as high stated.

FOOD CANNING

During the year the following Pilchards were tinned at the local Canning Factory.

14-oz Oval	422,006	tins
7-oz Oval	913,699	"
No: I Tall	123,691	"

J. E. HARVEY,

SURVEYOR & PUBLIC HEALTH
INSPECTOR.

APPENDIX 1

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1960

DISEASE	ST GERMAN'S R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7
Heart disease	79	76	40	16	55	22	288
Cancer (all sites)	35	32	17	13	11	10	118
Vascular lesions of the nervous system ("stroke")	30	19	16	4	12	7	88
Respiratory disease	10	7	6	6	5	7	41
Circulatory disease	11	3	6	1	1	3	25
Digestive disease	2	7	2	4	-	2	17
Accidents	4	7	2	1	1	1	+16
Genito-urinary disease	5	4	1	1	2	-	13
Suicide	1	3	-	3	-	-	7

+Includes 5 motor vehicle accidents

APPENDIX 2

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1960

TYPE OF DISEASE	ST GERMAN'S R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH Area No. 7
Coronary disease angina	39	17	18	8	11	8	101
Hypertension with heart disease	7	6	3	-	3	4	23
Other heart disease	33	53	19	8	41	10	164
Cancer of lung & bronchus	4	8	5	3	2	-	22
Cancer of stomach	4	5	3	4	1	3	20
Cancer of breast	5	3	1	-	-	-	9
Cancer of uterus	3	1	1	-	1	-	6
Other cancers	19	15	7	6	7	6	60

APPENDIX 3

DEATHS BY AGE GROUPS - 1960

DISTRICT	0 - 5 YEARS	5 - 15 YEARS	15 - 45 YEARS	45 - 65 YEARS	65 - 75 YEARS	75 YEARS AND OVER	ALL AGES
St. Germans R.D.	5	1	1	43	58	86	194
Liskeard R.D.	1	1	8	34	43	87	174
Saltash M.B.	3	-	3	12	31	48	97
Torpoint U.D.	2	-	5	16	15	16	54
Liskeard M.B.	1	-	2	15	21	54	93
Looe U.D.	-	-	2	9	17	28	56
Health Area No. 7	12	2	21	129	185	319	668

APPENDIX 4.

AVERAGE AGE AT DEATH - 1960

DISTRICT	MALES	FEMALES
ST. GERMAN'S R.D.	69	71
LISKEARD R.D.	68	75
SALTASH M.B.	69	75
TORPOINT UD.	63	63
LISKEARD M.B.	72	77
LOOE U.D.	71	74
HEALTH AREA NO. 7	69	73

APPENDIX 5

TUBERCULOSIS

NEW CASES AND DEATHS IN HEALTH AREA NO. 7 -1960

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 5 YEARS	-	-	-	-
5 -15 YEARS	1	1	-	-
15 -25 YEARS	1	-	-	-
25 -45 YEARS	8	5	-	-
45 -65 YEARS	6	2	-	-
65 YEARS AND OVER	8	1	1	1
	<u>24</u>	<u>9</u>	<u>1</u>	<u>1</u>
	<u>MALES</u>		<u>FEMALES</u>	
			<u>TOTAL</u>	
NEW CASES RATE PER 1,000 OF POPULATION	0.47		0.18	
MORTALITY RATE PER 1,000 OF POPULATION	0.02		0.02	
			0.04	

CASE RATES AND MORTALITY RATES PER 1,000 OF POPULATION IN THE
SIX COUNTY DISTRICTS IN HEALTH AREA NO. 7 - 1960

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES AT 31.12.60</u>	<u>DEATHS</u>
ST. GERMAN'S R.D.	0.90	6.37	-
LISKEARD R.D.	0.36	4.27	0.07
SALTASH M.B.	0.68	6.35	-
TORPOINT U.D.	0.83	7.69	-
LISKEARD M.B.	0.93	7.71	0.23
LOOE U.D	-	6.04	-
HEALTH AREA NO. 7	0.65	6.04	0.04
CORNWALL COUNTY	0.53	7.06	0.06

APPENDIX 6

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS AND SEXES - 1960

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
15 - 45 YEARS	1	-
45 - 55 YEARS	-	-
55 - 65 YEARS	8	-
65 - 75 YEARS	6	2
75 YEARS AND OVER	5	-
ALL AGES	20	2

CANCER OF THE LUNG AND BRONCHUS
DEATH RATE PER 1,000 OF POPULATION

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO.7	0.395	0.039	0.434
CORNWALL COUNTY	0.283	0.047	0.330
ENGLAND AND WALES	0.413	0.068	0.481

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1960 FOR THE LOOE
URBAN DISTRICT IN THE COUNTY OF CORNWALL

Prescribed Particulars on the Administration
of the Factories Act, 1937

PART I OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, & 6 are to be enforced by Local Authorities	7	10	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	-	-	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	6	-	-
Total	10	16	-	-

2 - Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspec- tor (4)	By H.M. Inspec- tor (5)	
Want of cleanliness (S.1)	3	3	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	1	1	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
Total	1	1	-	-	-

PART VIII OF THE ACT

OUTWORK

(Sections 110 and 111)

No outworkers under these Sections of the Act are employed in the
Urban District of Looe.

